Department of Military & Veterans Affairs
Personnel Requisition

HR Receipt Date _____

I. ACTION

☐ Position	☐ Recruitment	☐ FTE % Change or Salary Adj.	☐ Employee Action
☐ Create*	☐ Internal	Old % or Salary:	☐ New
☐ Revision/Reclassify*	☐ External	New % or Salary:	☐ Promotion/Salary adj.
☐ Abolish	☐ Promotional	Effective Date:	☐ Terminate

* (Attach Position Description Questionnaire/PDQ)

II. POSITION INFORMATION

☐ Permanent	Position Title (If creation, indicate requested title):
☐ Temporary	Position Number (If creation, skip):
☐ Hourly	Position Supervisor:
☐ Full-Time	Position Supervisor Phone:
☐ Part-Time: % _____	Position Division:

III. EMPLOYEE AND/OR INITIAL APPOINTMENT INFORMATION (If position creation, skip this section)

Employee Name:	Work Schedule:
Begin Date:	Work Address:
Prior Incumbent (If applicable):	Work Phone:

IV. FUNDING

Fund Change Effective Date:

CURRENT FUNDING: NEW FUNDING:

Fund	Org.	Approp.	GBL	Split %	Salary	Fund	Org.	Approp.	GBL	Split %	Salary
			TOTAL = 100%						TOTAL = 100%		

☐ General Funded   ☐ Federal Funded   ☐ Cash Funded   ☐ CFE Funded

V. JUSTIFICATION/SPECIAL CONDITIONS (Please use this space to justify action request and how funding is derived. If a new position creation or a revision/reclassification, attach a complete PDQ as well as a letter justifying request.)

VI. APPROVAL/DISAPPROVAL

Approve Deny   Approve Deny

☐ ☐ _____ _____   ☐ ☐ _____ _____
Immediate Supervisor   Date   Controller   Date

☐ ☐ _____ _____   ☐ ☐ _____ _____
Division Director (or Next Higher Level)   Date   Deputy Director   Date

☐ ☐ _____ _____   ☐ ☐ _____ _____
Budget Director   Date   Human Resource Director   Date

(All signatures must be gained prior to HR action taken)

COPY TO: ☐ Budget   ☐ Payroll   ☐ Immediate Supervisor